### FOR STATE HEALTH DEPT

TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 21 hours after death. If any delay is necessary please execute the certificate, writing a ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 24, the functal for Page 4 should be a reded to the first Medical Examiner's Office along with form PM3. Page 5 to be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Phablit, at its designated agent, prior to burial, cremation, at removal, and in any event-within 72 hours after death. 

3M 2/57

### VS. AlSME

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6691 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06682

Reg. Dist. No.

DECASED  OF SCHOOL OF SACE   7   MARRIED   NEVER MARRIED   DATE OF BIRTH   DOP   Year   TUNDER 1/TUNDER 1/TUNDE			1. PLACE OF DEATH 2. USUAL RESID	ENCE (Where deceased lived. If institution: Residence before admission)
d. NAME OF HOSTITUTION (If not in Morpide). give street globareal)  3. NAME OF HOSTITUTION (If not in Morpide). give street globareal)  3. NAME OF HOSTITUTION (If not in Morpide). give street globareal)  3. NAME OF HOSTITUTION (If not in Morpide). give street globareal)  3. NAME OF HOSTITUTION (If not in Morpide). give street globareal)  3. NAME OF HOSTITUTION (If not in Morpide). give street globareal)  3. NAME OF HOSTITUTION (If not in Morpide). give street globareal)  3. NAME OF HOSTITUTION (If not in Morpide). give street globareal). give street globareal. give st		-		TOS 6. COUNTY CHARLES
NAME OF DICASED   No. OCIOR ON RACE   NAME OF DICASED   NEVER MARRIED   NEVER MARRIED   N. DATE   N. DAT		b	b. CITY OR TOWN (If aufside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TO	OWN (If outside corporate limits, write RURAL and give nearest lown)
NAME OF DICASED   No. OCIOR ON RACE   NAME OF DICASED   NEVER MARRIED   NEVER MARRIED   N. DATE   N. DAT			WALDRF (PURAL) 16 200 X WH	LdORF (Moral)
NAME OF   First		d	d. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital, give street address) d. STREET ADI	
DECASED  S. SEX  O. COLOR OR RACE  MIDOWED  DIVORCED  DI	1		more	YES NO []
S. SEX  6. COLOR OF BACE   7. MARRIED   NEVER MARRIED   N. DATE OF BIRTH   9. AGE IN-VIEW INDEX 17 (DIDDE 17 A)   100. USUAL OCCUPATION (Give kind of work done   100. KIND OF BUSINESS OR INDUSTRY   11. BETHELACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. JATUSE'S NAME   13. JATUSE'S NAME   14. MOTHER SIGNIFICANT COUNTRY   15. WAS DECEASED EVE IN U. S. ARMED FORCESS?   18. SOCIAL SECURITY NO.   17. BNORMANT   18. CAUSE OF DEATH (Enter only one counse per ling for (o), (b), ord (c).)   18. CAUSE OF DEATH (Enter only one counse per ling for (o), (b), ord (c).)   18. CAUSE OF DEATH (Enter only one counse per ling for (o), (b), ord (c).)   19. ACCIDING TO THE ACC		3. P	3. NAME OF First Middle Lost	4. DATE Month Doy Year
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13. WAS DECASED EVER IN U. S. AMED PORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT Address W. Address			School III.	ARYLAND U.S.A
18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).		13,	13. FATHER'S NAME	AIDEN NAME
18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).		-/-	THOMAS TAROLD DEKKT VIOL	ET E. DEMENI
18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), ond (c).		Izer		Address N/ALdoFF
PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if ony, which gove rise to immediate cause [b].  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0] 19. WAS AUTOPS PERFORMED YES   No.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0] 19. WAS AUTOPS PERFORMED YES   No.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0] 19. WAS AUTOPS PERFORMED YES   No.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0] 19. WAS AUTOPS PERFORMED YES   No.    PART II. DEATH WAS CAUSED BY REAL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0] 19. WAS AUTOPS PERFORMED YES   No.    PART II. DEATH WAS AUTOPS PERFORMED YES   NO.    PART II. DEATH WAS CAUSED BY REAL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0] 19. WAS AUTOPS PERFORMED YES   No.    PART II. DEATH WAS AUTOPS PERFORMED YES    PART II. DEATH WAS AUTOPS PERFORMED YES    PART II. DEATH WAS AUTOPS PERFORMED YES    PART II. DEA			NO NONE VIOLE	F E BERRY TIND
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21. I certify that I took charge of the remoins described above, held an Autopsy, Inspection Inquiry and in mopinian death resulted fram: Natural causes, Accident Suicide, Homicide, Undetermined monner  ACTUAL SIGNATURE ACCIDENT		25.5		na form 1204 (City or found) (Capatal) (State)
21. I certify that I took charge of the remoins described above, held an Autopsy, Inspection Inquiry and in mopinian death resulted fram: Natural causes, Accident Suicide, Homicide, Undetermined monner  ACTUAL SIGNATURE ACCIDENT	2	EDIG	Hour - 6-27 While Not while foctory, street, office bl	do. etc.) IIIAI DODE PHADIEC MA
opinian death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner .  ACTUAL SIGNATURE . DATE SIGNED  ACTUAL SIGNATURE . ASSISTANT MEDICAL EXAMINER . G. 27-59  DEFUTY MEDICAL EXAM				WALUOKI, CHARLES, MO.
ACTUAL SIGNATURE    DATE SIGNED				
SIGNATURE  EXAMINER'S NAME (Type)  ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   CONTROL OF COUNTY   PRINCIPLE SIGNATURE  ADDRESS  ADDRES			opinion death resulted from: (Notural causes ], Accident [] Suicide	
EXAMINER'S NAME (Type)  PROPERTY OF CHEETERY OF CREMATORY  PRODUCTION (City, town, or county)  PROPERTY OF CREMATORY  PROPERTY OF CREMATO				DATE SIGNED
PARAMINER'S NAME (Type)  220. BURIAL CREMATION. 226. DATE THEREOF REMOVAL (Specify)  23. FUNERAL DIRECTOR'S SIGNATURE  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	1		M.D.	
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the state of the s		23. 1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24	O. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1735 1 15 Tan se House MARGURT DATE JUN 3 0 '59 Colling & Kings			Hont Firmarel Home MARGURE .	ATE JUN 3.0 '59 Carling & House

78 C. . 131,111100 1/1/16 WALACK F (Poper) Poper Lephodo F. F. It seeds 1 54 6 1 MAY 16 243 16 MANALINA, L. E. A. .. Just 2 3 THOMAS TINE LIBERT = BERRY and is so so Frank man the fire is sing In chariff wene from Midal -

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the castificate, writing word "pending" in pendi in Item, 18. Give Pages 1, 2, and 7 the funeral 4 shauld be? A created to the fine of the following th

axecute the certificate, writing 4 shauld be added to the TO FUNERAL DIRECTOR: Page 3

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6692 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	Dies	No	

	PLACE OF DEATH  o. COUNTY Charles MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Charles c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) X Da Plata (Rural)				
b. CITY	b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest lown).  Lia Plata (Rural)		st town)					
d. NAA	NE OF HOSPITAL OR INST	TUTION (If not in	hospital, give street address)	H. STREET ADDRESS				IS RESIDENCE ON A FARMS
3. NAME DECEA (Type o	SED	first corgu	Middle Kennith	Bowie	4. DATE OF DEATH JU	Month ne 23	Doy	Year 19 59
5. SEX			RRIED K NEVER MARRIED .		9. AGI	E (In years   IFUNE		UNDER 24 HES.
Ma	le Whit	e WIDO	WED DIVORCED	January 17,		4 yrs. Month	1 Doys He	urs Min.
	AL OCCUPATION (Give kin most of working life, even ruck Driver	d of work done 10 if retired)	Milling-Lumber	Charles	or foreign country)		U.S.	A.
13. FATHI	R'S NAME			14. MOTHER'S MAIDEN	NAME			
	George Rich	ard Bowi	e	Cora E.	Alvey			
15. WAS	DECEASED EVER IN U. S. a	ARMED FORCES?	16. SOCIAL SECURITY NO. 17. W	NFORMANT		Address	-	
N			Yes Ma	ry L. Bowie-	- Wife			
PART I. DEATH WAS CAUSED BY:  9/0,3  Conditions, if any, which gave rise to immediate cause (a), stoling the underlying cover last.  (c) Loth humanic						r out	Ce ONSET AN	)
NOLY 200. I	PART II, OTHER SIGNIFIC	ant condition	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERA	NINAL DISEASE CONE	DITION GIVEN IN I	PART 1(o) 19. W PE YES	ERFORMED?
200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  TO CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  A CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  A CAUSE OF DEATH.  400. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  500. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  500. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)						nto hear	dold de	ecease (Slote)
21.	certify that I took	charge of th	ne remains described aba		sy ], Inspec	tion W. Inq	uiry II.	and in my
	= 16	from: Nature	al causes . Accident [	D. Suicide .	Homicide .	Undetermine		TE SIGNED
SIGN	ATURE /	the	10-1	_M.D. CHIEF MEDICAL E		12		0
	MINER'S IE (Type)	B. DE	FTTOR	DEPUT MEDICAL	EXAMINER [	6-2	4-5	7
220. BURI	AL CREMATION, 226. DA OVAL (Specify) 6/2	TE THEREOF 25/1959	ne, NAME OF CEMETERY OR Dentdville -			lity, town, or count lle, Mai		(Slate)
	RAL DIRECTOR'S SIGNATUL	_	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	-
Arek	art Funeral	Home , I	nc La Plata ,	Md. DATEU	N 2 9 '59	Cothun &	Kroues	

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Challes zalsed-1.1.1 Anglies 11 1/2 Harlessa. Ila James Harder Asslings Jones 11; of Male 500 1,1840 68 Cotived Postmater Maryland U-5 A. James M. Bowling Gertride 20007-2759115 James H Bowling Fugnes 11 le 11th BUT 10-13-57 ST MAYUS Bryantone, 1914. the spent for and spent listed figh. was not as

TO HOSPITAL OR

VS A15 (4) 15M 9/55

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### **CERTIFICATE OF DEATH**

Ren Dist No.

01/04	Kag, Dist. 140,
1. PLACE OF DEATH o. COUNTY ARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 1420 BRICKE-11 AVE  6. 15 RESIDENCE ON A FARM? YES   NO
3. NAME OF DECEASED (Type or print) ANNIE Middle	Burke of DEATH JUNE 28 1959
WIDOWED DIVORCED	8. DATE OF BIRTH  Jul 15 1879  9. AGE (In years left UNDER 1 YEAR IF INDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	Ireland U.S.A.
William Egentors	Margaret UNK
[Yes, no., grundfown] (If yes, give wor or dotes of service) NO V	incent Burke, Waltout, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate case (o), stating the underlying couse lost.	Central Rene De
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Haur a. m. p. m. 19 While Not white of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) tary, street, office bldg., etc.)
ACTUAL SOLO	accurred at 2:30 pM, from the causes and an the date stated above.  ADDRESS (Street, city or lown, stote)  DATE SIGNED
PHYSICIAN'S RICHOLD N Dobson	Brand wm, md
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 7-1-59	CREMATORY 22d. LOCATION (City, town, or county) Pa (State)
723. FUNERAL DIRECTOR'S SIGNATURE Home Walley 7	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE JUN 3 0 '59 Orthog & Known

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Board

with the State Pours after death.

ord "pending" in pencil in Item 18. Give Pages 1, Medical Examiner's Office along with form PM3. Pid be esed as a burial-transis permit. File pages 1 rial, cremation, ar removal, and is any great within

prior to burial,

ar its designated agent,

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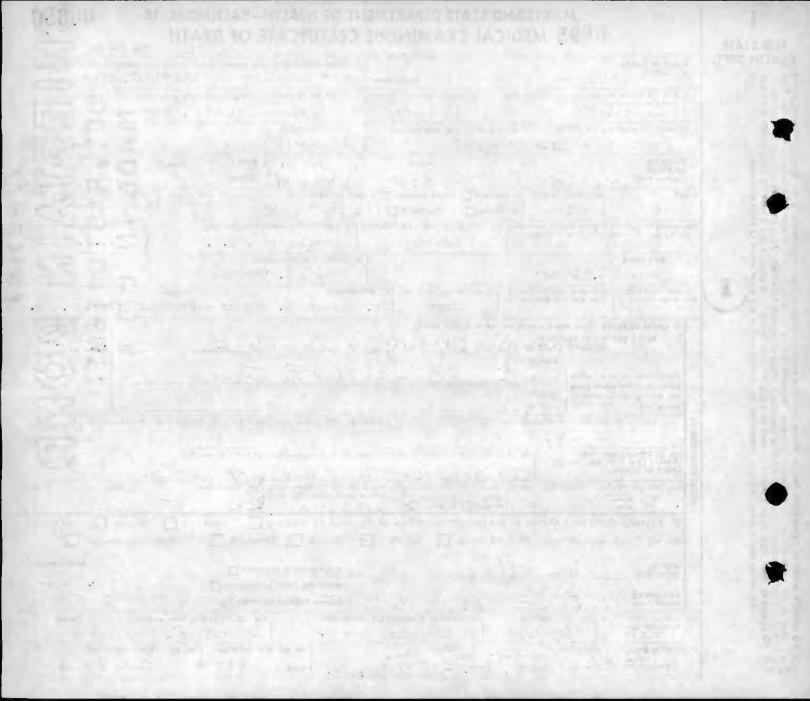
4 should be TO FUNERAL

VS. A1SME 5M 2/57

1, 2, and Page 5 1 I and 2

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6695 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				Reg	, Dist. No.	
	o. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland		esidence before admission) harles	
	b. CITY OR TOWN (If outside corporate limits, write RURA and give negrest town) La. Plata	16 Hours	c. CITY OR TOWN (If outside corpor  Y Potomac Heigh			
	d. NAME OF HOSPITAL OR INSTITUTION (IF not Physicans Memorial Ho		/ d. SYREET ADDRESS 146 Circle Avenue		e. IS RESIDENCE ON A FARMZ. YES NO PA	
3.	NAME OF DECEASED (Type or print)	ALFRED	LOST A. DATE OF DEATH	Month	Day Year 13 19 5 9	
-	16. 2		DATE OF BIRTH 2.	AGE (In years IFUN Month	DER TYEAR IF UNDER 24 LIFS.	
100	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	at School	Washington, D.		CITIZEN OF WHAT COUNTRY?	
13	Richard C. Conner		Na omi E. Sherman	n	8 - H - L - L - L - L - L - L - L - L - L	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)	The second secon	FORMANT Richard C. Conner	- Potomac	Heights , Md.	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause [a], stoling the underlying cause last.  (c)	erebial,	Hemourhage ell Fractur	2	16th, 40 mis	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO					
	200. EXTERNAL CAUSE WAS FRIMARY Or CONTRIBUTING COUSE OF DEATH.	truch len to	ther nature of injury in Part I or Part II of	tvalle	erel.	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 10e. PLACE OF INJURY (Home, form, 20) (City or town) (Connly) (State)  Hour factory, street, affice bldg, etc.)  1/15 (P. 70) 6-12 1959 of work of w					
	21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .					
	ACTUAL SIGNATURE	Loy	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	<b>-</b>	DATE SIGNED	
EXAMINER'S V. B. DETTOR M.D. SEPUTY MEDICAL EXAMINER (2)				IN (City, town, or count		
	REMOVAL (Specify) 6/15/1959	Full Gosphel C	emetery Ceder	ville , Mar	yland	
23.	Abehart Funeral Home ,	Inc La Plata	. Md. DATE JUN 1 7		Clum S. Kraus	



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06687MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where decemed lived. If Institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY g. STATE MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (It outside coros c. LENGTH OF STAY IN 16 and pive neatest fown? lon d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM YES NO NAME OF DATE Month Day Year DECFASED OF DEATH 19 (Type or print) 6. COLOR OR RACE 9. AGE (In veges IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF RIRTH Months Days WIDOWED [7] DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most af working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) 40452W 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME dw us r 15, WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI (If yes, give war or dates of service) INTERVAL BETWEEN ONSET AND DOATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: -Orondry IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate come **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO 700, EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while at work at work p. m. 2). I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry \ , and find that Undetermined cause death resulted fram: Natural causes M. Accident . Suicide . Homicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 6-18-59 SIGNATURE forwarded r ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER IS NAME (Type) 22d. LOCATION (City, town, or county) 220. BUR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 1959 Holy Ghost Cemetery Maryland Issue . 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15ME(5) Arehart Funeral Home Inc. - La Plata 25'59 arthur & through

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

06688 6697 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE [Where deceased lived If institution: Residence before admission] Charles **b.** COUNTY MARYLAND George Country CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate timils, write RURAL and give nearest town) RURAL and give nearest town) Accoldant 18 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Rural Physicians I caurial Hos ital TaPlata YES NO NAME OF Middle 4 DATE Lost Month Doy Year DECEASED OF Catherine Clarett Dent (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Jost birthday) Months Doys Hours Min. Femalle WIDOWED (2) DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Prince George County, Id. TISA House-wife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Thomas Clagett Julia Hawkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (II yes, give wor Daughter-Mrs. Julia Hungerford None None 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) General Metastages Poth Tungs. DUE TO 3-Yr. Conditions, if any, which (MCarcinoma left Breast gove rise to immediate **DUE TO** cause (a), sloting the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED2. None YES NO-4-200 ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) MEDICAL 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f (City or town) (County) (State) factory, street, office bldg., atc.) Hour a.m While Not white of work ol work 21. I certify that I attended the deceased from 5-31-59. \_\_\_\_ 19\_\_\_\_that I last saw the deceased and that death accurred at 12:55AM, from the causes and an the date stated above. alive on 6-25-59 ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE NAME (Type) 220 BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) ′20 rlington Natl. Cemeterv Arlington, Virginia 23. FUNERAL DIRECTOR'S SUSPINATURE ADDIES 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cithus S. Kins Home Arehart Funeral Inc. La Plata



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5	o'e	ould	NER	2 de	
30 0	exec	4 57	2	or its designated agent, prior to buriof, cremotion, or removal, and in any event faithin 72 haurs	
7		1 4	10 FUNERAL DIXECTOR: Page Jourd be used as a burial-transit permit. File page-7 and 2 win the State Board of Health.		
8	M :	175	17 17		

	RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	
6698	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
		Rea. Dist. Na.

			A SOURCE OF THE PARTY OF THE PA		
	1, 7	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. Il institution- Residence before admission)		
		Chalres MARYLAND	o. STATE Maryland b. COUNTY Charles		
	b	c. CITY OR TOWN IN outside corporate himits wir a RUPAL c. LENGTH OF STAY IN 16 and give recreat found.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)		
		La Plata	g Bryantown Rural		
	d	I. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress)	4. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?		
		Physicans Memorial H	YES D-NO		
		NAME OF DECEASED  Type or print)  AAAA  First  AAAA  AAAAA  AAAAAAAAAAAAAAAAAAAAAA	Lost DATE Month Day Year OFEATH JUNE 32 1959		
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18.	PATE OF BIRTH 9. AGE (In yours   IFUNDER 14EAR IF UNDER 24 HRS		
	F	EMALE N WIDOWED DIVORCED D	1 July 24 1959 yrs Months Days Hours Min		
	10a.	USUAL OCCUPATION Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRIVING most of working file, even at petired)	RY 11. BIRTHPLACE (Sigle or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
		Cluell	Mueport Test le Sa		
	13.	FATHER'S NAME	14. MOTHER'S MATIDEN NAME		
		Lames Swann	Mort my farmer.		
	14	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN no. of unknown)   18 year, give wer or date of services	FORMANT Address		
6		No No Ko	24h / Governon Bujantown too		
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)	INTERVAL BETWEEN DINSET AND DEATH		
	П	PART I. DEATH WAS CAUSED BY: Herid and Cu	eteotiste vinelalunes. 120 h.		
		DUE TO			
		Conditions, if any. which) (b) 1. 6 211 it to 11 c	/ rok,		
		gave rise to immediate cause (a), stoling the underlying DUE TO			
		couse lost. (c)			
	Q Q	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?		
j	Z	none	YES NO THE		
	CERTIFICATION	PRIMARY EI or CONTRIBUTING EI	nter nature of injury in Part t or Part II of Item 18 )		
		CAUSE OF DEATH. MINE ) IC lie juice			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLAC	CE OF INJURY (Home, form, 201, (City or town) (County) (State)		
	ME	p.m. No Myselfy of work at work to	Missing Brank un, Charles, 11 d		
		21. I certify that I took charge of the remains described above	ve, held an Autopsy . Inspection . Inquiry . and in my		
		opinion death resulted fram: Natural causes []. Accident [	], Suicide 📋, Hamicide 🔲, Undetermined manner 🔲		
		Jun Datt	DATE COLORD		
		SIGNATURE CC	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED		
		EXAMINER'S 1/ B DETTOG?	ASSISTANT MEDICAL EXAMINER ()		
		NAME (Type) VI 10, DE 1101	DEPUTY-MEDICAL EXAMINER ( C X C C)		
	220	BEMOVAL SPECIAL DATE THEREOF 22c. MANE OF CEMPTERY OR	CREMATORY 22d LOCATION (City, town, or county) (Signe)		
0	//	Enciet June 23-3/10 Mary	Drefantown Md.		
	23.	FUNERAL DIRECTOR'S EIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		
	_/	and soult turneral House Se	DATE JIN 29 189 Orllan & Kraus		



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6699 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. TO DEFIELY MIDICAL INTERMITIER: This certificate shared be mecuted within 21 hours after death. If any delay is negative, severy please execute the confidence, writing more predical process in the funeral plan. Page 4 should be paded to the find Medical Examiner's Office along with form PM3. Page 5: The retained Arryour files. TO FUNERAL DIRECTOR: Page muld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or the designated agent, prior to burial, are remarked in any event within 72 hours after death. X 4

VS. A15ME δM 2/57

	_ 0000			Reg. Dist. No.	
g. COUNTY	Charles		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  D. C. b. COUNTY	-
b. CITY OF TOW	N (It outside corporate limits, will a RUI	FAL ELENGTH OF	STAY IN 16	c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)	
end give negresi Be	nedict			Washington 117V	
	SPITAL OR INSTITUTION (IF no	of in hospital, give street	oddress)	d. STREET ADDRESS e IS RES DENETE	
		tabntRiver		1651 Lamont Street N. W. YES NO	
3. NAME OF DECEASED	First	Mid	dia	Lost 4. DATE Month Doy Year	
(Type or print)	Regino	Μ.	Gar	cia OFATH TUNE 23 1959	
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER M	ARRIED A 8.	DATE OF BIRTH 9 AGE IN yours IF UNDER TYEAR IF UNDER 24 HES	
Male	White w	DIVO	RCED S	September 8, 1934 (24 yrs Months Days Hours Min.	
100. USUAL OCCUP	ATION (Give kind of work dam			Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	,
Bussb	rking life, even it refired)	Hotel		Havana . Cuba Cuban Republic	
13. FATHER'S NAME		10061		14. MOTHER'S MAIDEN NAME	
Migue	el Garcia			Victoria Montalvo	
	EVER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURIT	Y NO. 17. IN	FORMANT Address	
No	(II yes, give war or dates of service	None	Mi	guiel Garcia 1651 Lamont St. N. W., D.	C
18. CAUSE OF D	DEATH (Enter only one cause p	per line for (o), (b), and (	(c). ]	NTERVAL BETWEEN	7
PART I, D	EATH WAS CAUSED BY:	Paple	ahi a	tion 2 min	
9290	IMMEDIATE CAUSE (o)	ing feel	free	700/	4
Candition	DUE TO	1000	But for	The Drawing 17 mi	
gave rise to im	mediate cause	Mac	cala	y & wooning trues	1
(a), slating th	e underlying DUE TO			0	
couse last.	J (c)	OVE CONTRIBUTION TO	074744 8447 444		_
PART II.	OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO	D: ATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?	
<u>ځ  </u>	700 N	e pour	OWY	YES NO	
PRIMARY OF CAUSE OF DEAT	CAUSE WAS CONTRIBUTING THE	HILLO ST		mine ( - Possible about the Care	1
3 20c. TIME OF IN	JURY Month, Day, Year	20d. INJURY OCCURRE	ED 20e. PLACE	E OF INJURY (Home, form, 120f, (City or town) (County) (State)	W.
A HOUT G	P 6-231059	While Not while at work of wark	rti /acion	ry, street, diffice bidg., atc.) - Ro. 1 - f // / / / /	
₹ 21 1 continu	000		ير / المنان	te, held on Autopsy []. Inspection [4] Inquiry [1] and in my	-
		_			
objuion dea	th resulted from: Not	ural causes [],	Accident [[	Suicide , Homicide , Undetermined manner	
ACTUAL	7/3/107	4-		DATE SIGNED	
SIGNATURE	1/2 DEC	LOX		M D. CHIEF MEDICAL EXAMINER	
EXAMINER'S NAME (Type)	V.B.DE	FTTOR		ASSISTANT MEDICAL EXAMINER   6-25-59	
220. SURIAL, CREMA	TION. 226. DATE THEREOS	22c. NAME OF	EMETERY OR C	CREMATORY 22d LOCATION (City, town, or county) [State)	
Removal Spec	Hrial	Calon	Cemeter	TY TAMPA THORIGA	6
23. FUNERAL DIRECT	OR'S SIGNATURE	I Flooresse	ral 71	Land 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
Archart	Funeral Home	, Inc. La F	lata .	Md. / DATE JUL 7 '59 CALLERY	



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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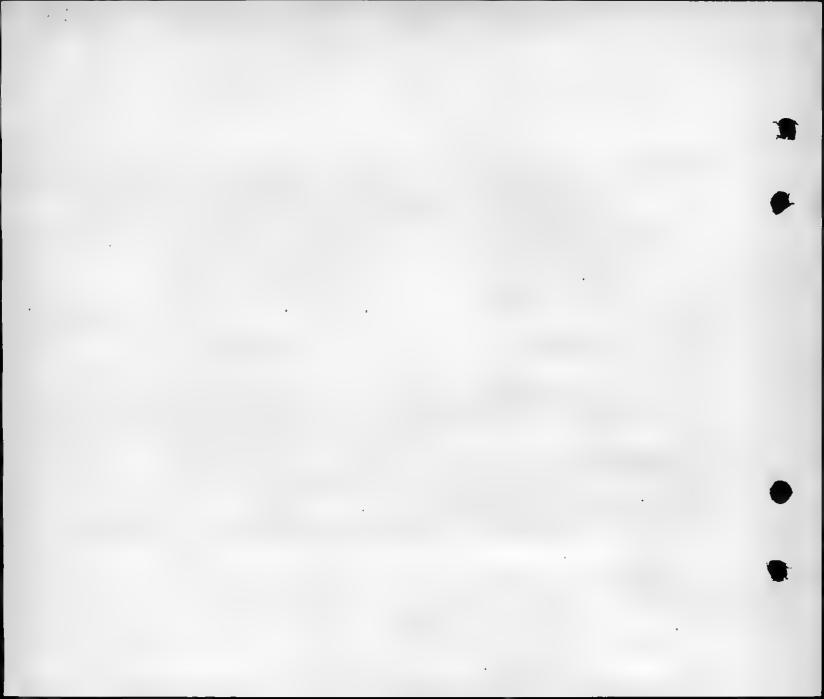
FOR STATE	6700 MEDICA	L EXAMINER'S	CERTIFICATE OF DEATH
HEALTH DEPT.	a. COUNTY Charles	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If it of state Maryland b. CO
For Plant	b. CITY OR TOWN (" outside corparate limits write RUPA) and give represt town! ROCK Point	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits.)  X Tompkin sville

Reg. Dist. No.

	COUNTY Charles MARYLAND	a STATE Maryland b. COUNTY Charles				
Ъ.	CITY OR TOWN (If aviside corporate limits, with RUPAL C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town)				
	and give rearest toppolock Point	X Tompkin sville				
d.	NAME OF HOSP,TAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS  e S RESIDEN E ON A FARM? YES 1 NO				
D	AME OF First Middle FCEASED Proper or print) FRANCIS ROSER GOL	DSM TIT DEATH Jine 6, 1950				
5. SE	742.00	- J J   roal birthday   Manage   Manage				
		July 21 , /4956/ 23 yrs morros cops hours				
qı	USUAL OCCUPATION (Give kind of work done to KIND OF BUSINESS OR INDUST: Farm Hand on Farm	11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S.A.				
13. (	ATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	George A. Goldsmith , Sr.	Patricia Penn				
	NAS DECEASED EVER IN U. S. ARMED FORCES? 116-SOCIAL SECURITY NO. 17. IN D. et unknown) (1 yes, give wor or doles of service) Yes. Mr	. George A. Goldsmith - Tompkinsville , Md.				
	PART 1, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH  1 LLL 2 / 1 L2  1 LLL 2 / 1				
$A \perp 1$	825X DUE TO 2 1 + ]					
	Conditions, if any, which) 161 1-11 Letar Stacel Facture / he, Allen					
	gave rise to immediate cause (a), stating the underlying DUE TO					
	cause last. (c)	AND THE AND THE PROPERTY AND THE PROPERT				
CERTIFICATION	t	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
5	200, EXTERNAL CAUSE WAS 200, DESCRIBE HOW INJURY OCCURRED. [E	YES NO P				
	CAUSE OF DEATH. YEAR / HEALTH TO THE	etercular iliterate (				
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d.(NJURY OCCURRED) 20e PLACE Hour (a, m) / / / / White Not white forter	CE OF INJURY (Home, form, 120f. (City or town) (County) (State) bry street, affice bldg., etc.)				
AAE.	12:55 0 - ( 18) 1 at work 1 of work 1 17/	3 KOIK/E, NI, CHHALIS, NIA				
П	21. I certify that I taok charge of the remains described abo	ve, held an Autopsy . Inspection A Inquiry and in my				
П	opinian death resulted from: Natural causes [], Accident [	Suicide , Hamicide , Undetermined manner				
	ACTUAL 7 5 ACTUAL SIGNATURE 7 5	_M D. CHIEF MEDICAL EXAMINER .				
	EXAMINER'S V. FS. DETTER MILE	ASSISTANT MEDICAL EXAMINER ()				
220.	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR SUPPLY STORY OF CHIEF OF	,,,				
	UNERAL DIRECTOR'S SIGNATURE LANGE TABORESS LA	240_ REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE				
1 .	Drug Drug at trace	Mary Jantoure JUN 17 '59 Outland & Known				

TO DEPUTY MEDICAL EXAMINER: This certificate should be exemted within 24 hours after death. If any delay is rexecute the case, writing word "pending" in pending in stem 18. Give Pages 1, 2, and the funeral 4 should be used to the Medical Examiner's Office along with form PM3. Page 5. The retained TO FUNERAL DIL CTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, at remayal, of the any event within 72 hours after death. VS. A15ME BM 2/57

Board



# FOR STATE HEALTH DEPT tar. Page avr files. of Health, execute the certificate, writing and "pending" in pendit in them, 18. Give Pages 1, 2, and 2 in the functal standard be certified by the function of the certificate, writing and "pending" in pendit in them, 18. Give Pages 1, 2, and 2 in the function 4 should be carried to the function of the certified by the function of the certified by the function of the pages 1 and 2 with the State Baard or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death. THE DIFFUTY MINICAL BRAMINER: 4 should be TO FUNERAL DIRECT

VS A15ME 5M 2/S7

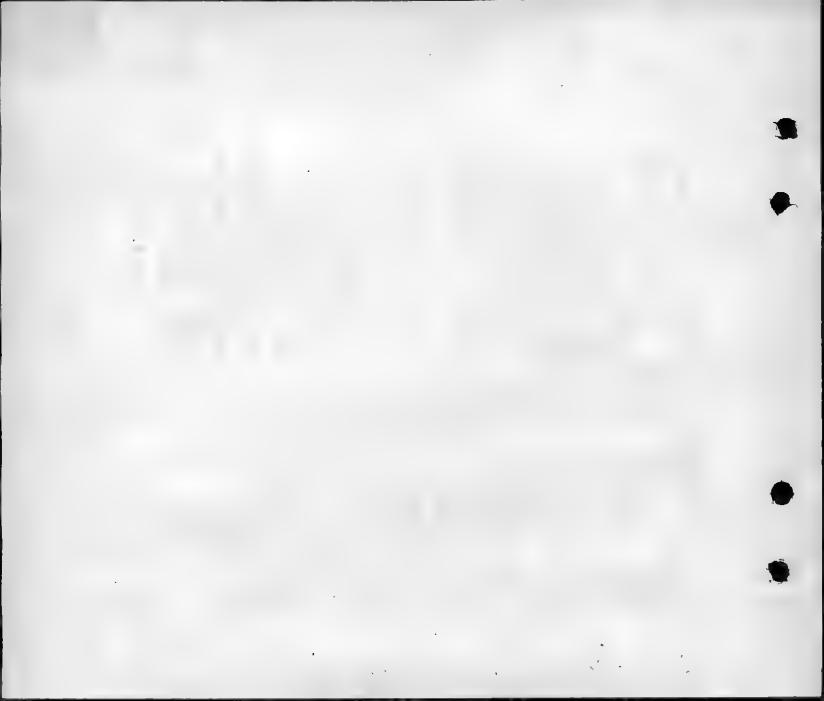
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6701 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-		Keg, Dist, No
,		- COUNTY // : //	SUAL RESIDENCE (Where deceased lived If institution Residence before admission)
		C-1 tectes MARYLAND	STATE MA B. COUNTY
	Ь	and a ve negresi town)	City OR IOWN (If outside corporate limits, write RURAL and give nearest town)
		( Place ) Lieux 4	il religion of the
	d	d. NAME OF HOSPITAL OR NJSTITUTION (If not in hospital, give street address)	STREET ADDRESS CA ( ) M/I ( ) E IS RE'IGEN'E
			134 Du CHU OH VES DNO ID
		NAME OF DECEASED (Type or print) WOODSON WEST HI	4RDY DEATH JUNE 8 1959
	5, 5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED TO B DATE	OF BIRTH 10 C P TO TO THE TYPE OF THE TOTAL
	/	M   WIDOWED   DIVORCED   Clas	30,108 Joys Months Days Haurs Min
		On USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY Advisor most of working life, even if res red)	BIRTHPLACE (State or foreign country)
	10	1. configuration Contractor 1	recory ( segues.
	13.	3. FATHER NAME	TOTHER'S MAIDEN NAME
	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORM	Cicker Harrison
		is safer unknown) If you give wor or dates of service) 576-16. 27962. 7	Addrew 17248 The Ch
		TR CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	TINIEWAL BUWUN
		PART I. DEATH WAS CAUSED BY.	Onset and death
		IMMEDIATE CAUSE (a)	mun.
		Conditions, if ony, which) to Scutte Corons	another houses
		gave rise to immediate cause	my monwords , min.
		(c), stoling the underlying course lost,	
	3	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
j	CERTIFICATION	None	PERFORMED? YES NO D
	PTER	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D	store of injury in Part I or Part II of item 18 )
		The state of the s	
	WEDICAL	20c TIME OF INJURY Manth, Day, Year 20d, WJURY OCCURRED 20e PLACE OF	INJURY (Home, Form, 20f. (City or lown) (County) (State)
	ME	Hour Co. m. 6-8 1959 While Not white ATW	
		21. I certify that I taok charge of the remains described above, h	eld an Autapsy . Inspection . Inquiry . and in my
	Ш	opinion death resulted from: Natural causes . Accident .	Suicide , Hamicide , Undetermined manner
	П	- A A All	DATE SIGNED
		SIGNATURE ( / ) ALLEYM.D.	
	Ш	EXAMINER'S 1/ 1> )=TTO 0 11	ASSISTANT MEDICAL EXAMINER ( -/0-59
r.		NAME (Type) I B DELLON NO.	DEPUTY MEDICAL EXAMINER (2)
	220.	20. BURIAL, CREMATION. 226 DATE THEREOF 59 22c. NAME OF CEMETERY OR CREM	ATORY 22d LOCATION (City, fawn, or county) (Store)
	23.	3. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 240. REGISTRAR SIGNATURE
	1	les fitters hablet to	DATE JUN 1 7 '59 Crima & Kraus







1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
7 05	6704 CERTIFICATE OF DEATH Reg. Dist. No. 16695						
Page director	1. PLACE OF DEATH  COUNTY CHARLES  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission)  COUNTY CHARLES  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission)  COUNTY CHARLES						
death.	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  WHE STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  WHE STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
by the	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  e. IS RESIDENCE ON A FARM? YES NO 1						
124 have	I NAME OF DECEASED (Type or print) ELINER First LAURENCE KCHNERT OF DEATH JUNE 19 1957						
d within	5. SEX 6. COLOR OR RACE 7. MARRIED Thever MARRIED B DATE OF BIRTH 18 18 19 9. AGE (In years lost birthday) Months Days Hours Min.						
executs nd comp in papel death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)  Over 12 CITIZEN OF WHAT COUNTRY OF COLUMBIA  12. CITIZEN OF WHAT COUNTRY OF COLUMBIA  13. CITIZEN OF WHAT COUNTRY OF COLUMBIA  14. S. A.						
sician sician se carbo	13. FATHER'S NAME  Fred Kuhnert Agnes O'Connell						
certification of the remarks of the	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  VO. (If yes, give wor or doles of letrice)  NON = Mrs. Nova Kuhvert, Waldorf Md.						
attendi	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) //EMENT/hage Line (7] - Gact.    INTERVAL BETWEEN ONSET AND DEATH						
that the lby the nit. The ny =ven	Conditions, if ony, which) by Stercerma of Stornach & metastasia ComonTh						
an. signed sit pern ind in a	gove rise to immediate couse (o), stating the under-lying couse lost.  DUE TO  A Tabetes Mullin tua.						
physicial transition and the form	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 "WAS AUTOPSY PERFORMSD?" YES NO D						
ilan: Ti rending ficate h the bur , ar ren	YES NO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
PHYSIC all the cost of the cos	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of twork of twork of two						
NDING  A haspith  After the ched fail  orial, cr	21. I certify that I attended the deceased from 15 14 1. 19. 17. to 19. 14. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19						
R ATTE	ACTUAL SIGNATURE ACTUAL. M.D. La Plata Ald. 20 June						
retain RAL Di shauld strar pri	PHYSICIAN'S ARTHUR O. WOODDY, A1D.						
O HOSP may be puge 3 the regi	220 BURIAL, CREMATION, 226. DATE THEREOF 220, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote)						
VS A15 (4) 15M 10/57	23. FUNERAL DIRECTOR'S SIGNATURE The Here to the Jun 25'59 DATE JUN 25'59 CALLING & THOMAS						

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# FOR STATE HEALTH DEPT

ttor. Page sary, please FEGT. 

State Board oe retained

TO DEPLIY HEDICAL EXAMINEP. This certificate should be executed within 24 hours ofter death. If any delay is execute the card-cate, writing word "pending" in pendi in Item, 18. Give Pages 1, 2, and the funer 4 should be acded to the card Knedical Examiner's Office along with farm PM3. Page 5 m for retaine TO FUNERAL DIXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or remayal, and in any event withing 77 Rousy after death.

VS A15ME 5M 2,57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6705MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06696

Par Dist No.

	-				P. C	9, 0131, 110.		
,	1. 0	PLACE OF DEATH The Potomac River, Hear Quantico Charles MARYLAND	2. USUAL RESIDENCE (V			Res donce before admission)		
	b	CITY OR TOWN (If outside corporate him is, write RURAL c, LENGTH OF STAY IN 16 and price posteri fown)	C TY OR TOWN (1)		e limita, write RURA	st and give nearest fawn)		
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  []CNB	d street address None		8 8 9 9	e IS RESIDENCE ON A FARM? YES NO		
		NAME OF First Middle DECEASED (Type or print) Edgar Franklin Miller	Lost	4. DATE OF DEATH 6	-77-59 Month	Day Year		
	5. S 1.7	Tole Write-IIS	ATE OF BIRTH 4-21-25	Jo.	GE (In years IF U) If birthday)  Mon  yes	NDER TYEAR IF UNDER 24 HRS		
)	d	usual Occupation (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY funds of working life, even if retired)  Truck Driver  Construction	Virginia	or foreign counts	y) 12	USA.		
	13.	Raymond Miller	Virgie Jon					
	{Y#1,		ormant 18- larjorie	Hiller	Woodbrid	ge Va.		
	ŕ	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Fatal Summersion  ODOX  DUE TO				Interval Browsen  Linediate		
		Conditions, if any, which gave rise to immediate cause (a), stating, the underlying cause (ast, (b) Falling overboard from Yacht (c) (c)						
0	CERTIFICATION	FART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Fell overboard	T RELATED TO THE TERM	INAL DISEASE CO	NOTION GIVEN IN	PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO		
	I	200. EXTERNAL CAUSE WAS PRIMARY ID CONTRIBUTING ID  CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED (EMIL  ATOMET FEIT OVER DOARD	er nature of injury in Par	f Car Part H of H	em 18 }			
	MEDICAL	20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e. PLACE While at work of work 3	OF INJURY (Home, form, street, office bldg., etc.	20f. (Cily or h	own)	(County) (Stole)		
		21. I certify that I took charge of the remains described above opinion death resulted from. Natural coases . Accident				quiry, ond in my ed manner		
		ACTUAL SIGNATURE Ser Oreans	M.D. CHIEF MEDICAL EX	-		6-30ATE BIGNED		
		EXAMINERS James E. Andrews ID. NAME (Vie.) 17-Potonic Ave Indian Head 12t	DEPUTY MEDICAL	EXAMINER E		re		
		PEURIAY CREMATION, 126 DATE THEREOF 1220, NAME OF CEMETERY OR CO	D.	m	(City, town, or cou	es the		
	23	Chemiste Techlala	240. REC'I	UL 6 '59	246. REGISTRAR	S SIGNATURE		



### FOR STATE HEALTH DEPT.

sory, please flor. Page your files. 問 the funero's be retoined to DEPUTY MEDICAL EXAMINED. This certifica should be executed within 24 hours after death. If any delay is execute the conficed, writing word "pending" in pencil in item, 18. Give Pages 1, 2, and the funeral should be carded to the confidence Examiner's Office along with form PM3. Page 5 m y be retained by FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, prior to buriol, cremation, or removal, and is any event within 

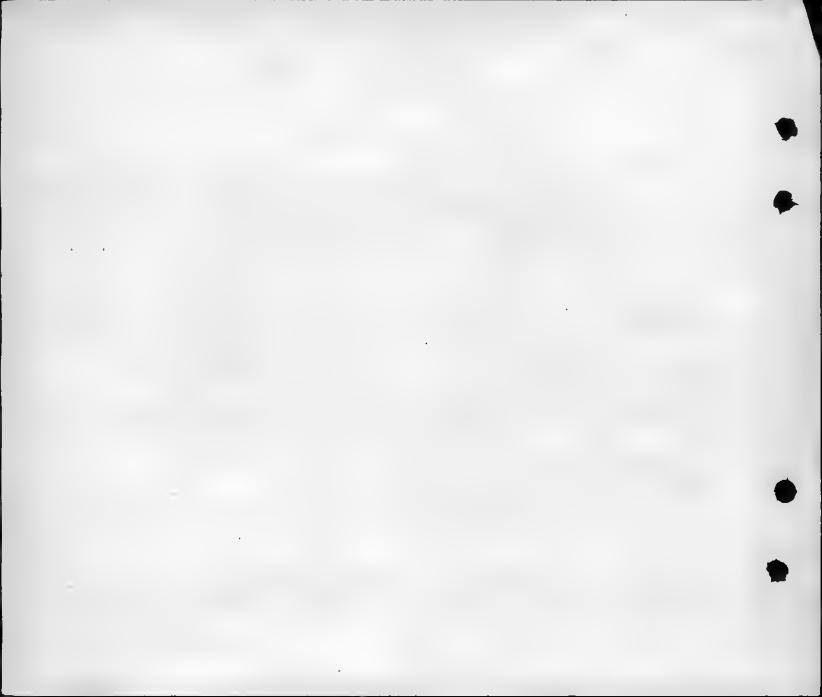
Z hours of fire death

5		7	9
٧S	A1	SA	AE
5/	VI 2	/5	7

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6706 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		Reg. Div.
1. PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (Where deceased lived If institut an Residence before admission)
Charles	MARYLAND	o. STATE Maryland b. COUNTY Charles
b. City OR TOWN (If outside corporate I mits, write RURAL and give reacest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate I mits, write RURAL and give nearest town)
Bel Alton		X Bel Alton
d. NAME OF HOSPITAL OR INSTITUTION (If not in has	pital, give street address)	d. STREET ADDRESS  e is res dence on a farma yes \( \text{NO} \) NO [A]
3. NAME OF DECEASED (Type or print) 11/41/41	LEC Middle MI	LOST A. DATE Month Day Year OF DEATH TLUNE 27 1954
MALE WHITE WIDOWE		164 - 13   Jat birthday)   Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. K during most of working tife, even if retired)	IND OF BUSINESS OR INDUSTR	
Fammer Or	n Farm	Charles Co., Md. U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Benjamin J. Murphy		Dora Higgs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17, IN	FORMANT Address
No 21	13-40-9863 M	Irs. John Lyons-Sister, Bel Alton, Md.
18 CAUSE OF DEATH [Enter only one cause per line    PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause lost.	ite Migor	ce edias trefucetien in meine
PART II, OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	we.	YES NO D
CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. I White	MOW INJURY OCCURRED [EF	
ACTUAL SIGNATURE 7/6-00		M D CHIEF MEDICAL EXAMINER
EXAMINER'S P.	7. K	ASSISTANT MEDICAL EXAMINER ( )
270 BURIAL CREMATION, 22b. DATE THEREOF Burial 7/3/1959	St. Ignatius	
23. FUNERAL DIRECTOR'S SIGNATURE archart	Funcia / Non	240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
Arehart Funeral Home . In	c La Plata .	Md DATEJUL 6 '59 Cailing & track

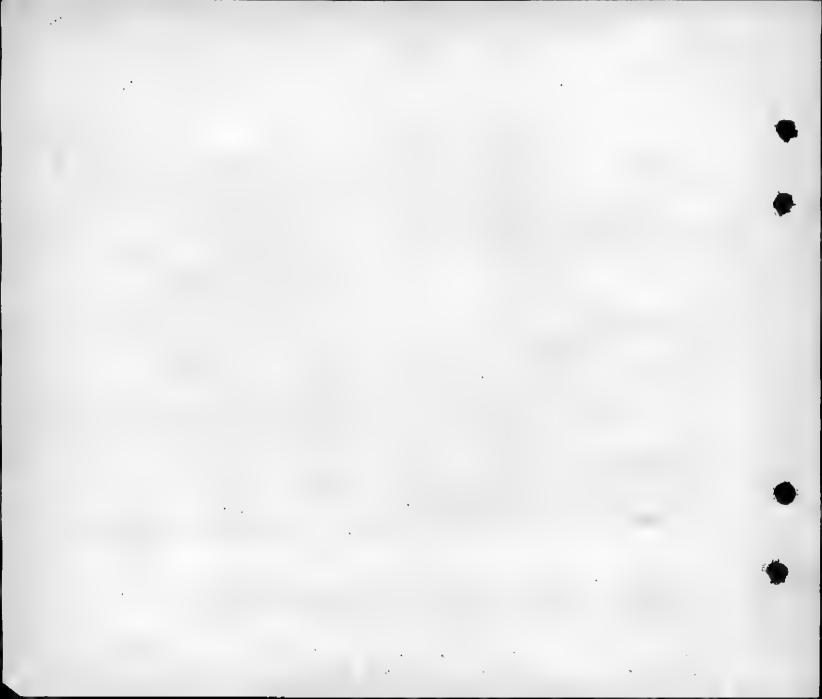




VS. A15ME BM 2757

	RYLAND S	TATE D	EPARTME	NT OF	HEALTH-	-BALTIMOR	E, 18
6708	MEDICA	LEXA	MINER'S	CERT	IFICATE	OF DEAT	H

Items 7.10 File	16244 (-14-5) et Reg, Dist. No.
PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
Charles MARYLA	IND STATE TO LUNCK & COUNTY C. L. C. C. C.
b. CITY OR TOWN If outside corporate limits write RURAL c. LENGTH OF STAY IN and give nearest town)	th C CITY OR TOWN (If autside corporate lim is, write RURAL and give nearest town)
Patricent	Here time Territor
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS  I IS RESIDENTE ON A FARM?
	YES NO [
3. NAME OF First Middle DECEASED	Last 4 DATE Month Day Year
(Type or print)	SMITH DEATH JUNE 27 1959
S. SEX 6. COLOR OR RACE 7. MARRIED INEVER MARRIED	
MALE NEGRO WIDOWED DIVORCED	1 Serras 1640 Months Days Mans Min.
100 USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INI during most of warking life, even if retired)	DUSTRY 11 BRETHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
Student-Farm laborer	manyland USIL
IJ, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Use. Sanith	Marie Deceny
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 19. (If yes, give war or dates of service)	17 INFORMANY Address
	Marie (114) James frade us
18 CAUSE OF DEATH [Enter only one couse per lyne for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Shock and	Hemonhage 0
DUE TO A -	
Conditions, if ony, which (b) which upon	ils of chest 2 Min
(a), stating the underlying DUE TO	0
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Mana	YES NO D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY THE PRIMARY OF CONTRIBUTING TO DEATH BY THE PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.	(Enfer notive of injury in Part I ar Part II of item 18)
	il-Much triage- Coule 201
Hour (5 m) / 37 While Not while	PLACE OF INJURY (Home, form, 20f (City in town)  facility, street, affice bidg, etc.)
	Highway Pathlent City, F.G-CH.Co.LIN.
21. I certify that I taak charge of the remains described	
opinion death resulted fram: Natural causes . Accide	nt . Suicide . Hamicide . Undetermined manner
ACTUAL SIB A OTTO	DATE SIGNED
SIGNATURE J DELLO	M.D CHIEF MEDICAL EXAMINER
EXAMINER'S V. B. DETTOR	ASSISTANT MEDICAL EXAMINER   DEPUT MEDICAL EXAMINER
270 BURIA, CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY	Y OR CREMATORY 22d LOCATION (C ty, tawn, or county) (State)
REMOVAL (Specify) (c) - 30, 59 Plus	Point Calvert, 11,
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
You derwell drenner Fred in	inch 1111 DATE JUL 2 '59 Orling & to



7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	OCHAA
¥	6709 CERTIFICATE OF DEATH	#16700
Page 4	1. PLACE OF DEATH a. COUNTY Charles . MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Resider b. COUNTY Charles . MARYLAND	
death:	b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and Diversity Rural and Rural, TOMPKINSVILL	-
by do	d. NAME OF HOSPITAL (If not in hospital, give street address)  Physician Ulmud Lorge.  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
24 ho ed in 1 an	3. NAME OF DECEASED (Type or print)  First Middle TEMPLEMAN 4. DATE OF DEATH JUNE	22 1959
Foges	34116	Days Haurs Min.
od compa	7-22/100/	TIZEN OF WHAT COUNTRY
0 000	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  Adalive Rell  Adalive Rell	7, 25111
ing physician is remove to 172 fours off	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address  (You no, or yellogun) (If yes, give wor or doles of service)	
e death attendir n please within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Carllean  Carllean	INTERVAL BETWEEN ONSET AND DEATH
that the by the it. Their y evening	443X DUE TO	366
equires n. signed it perm id in on	gove rise to immediate cause (a), stating the under- lying cause lost.  (b)  OUE TO  Hange true to immediate cause (a), stating the under- lying cause lost.	glans.
e law r obysicia as been al-trans aval, ar	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	TT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The source of the buring or rem	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 1B.)	
use as motion,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m.  While Not while p.m.  19 at work at work	County) (State)
hosping After the After the formula for the fo	21 22 22 11 12	last saw the deceased
by the TOR:	ACTUAL SIGNATURE OF DUOVALO.  ACTUAL SIGNATURE OF DUOVALO.  M.D. LAPLATA	DATE SIGNED
o a pa	PHYSICIAN'S ARTHUR O. WOODDY MARYLAIND.	
HOSPITAL may be reto FUNERAL page 3 shou he registrar	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)	(State)
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE	GNATURE
15M 10/57	The opening formal forme Wallet 1 1 DATSUN 30'59 Cultur S.	Care .

Charles Charles Charles Charles Charles Plants 1200 1 Roberts 1500 Notes Charles 1500 Notes Charles Ch Physican demand there. Estell TEATHERAN June 22 ST former Colones = To the series | foresije ountere Maryland with. Frank Middleton Adaline Kell NO NOME YEAR TON DEMONSON, TOMPRINE, NEW MY. Paper by college 36 10 1 25 Central Vanue accordent thought in Least coordina - maril Almery 49 22 dec 49 1.4. P. 4. 22 Lone 19 PRITHUS C CLECKTRY 11. ACYC 4102 RIVER DEFENT HOLY CHECK PIN = 133 -The Blood Frank How Walder 188

AFERT HERE STREET Bits Count Aftificated Lanced Co. special control of the control of th These harms Shooms, he dollar, Ill.